

Primary care providers are failing many of their patients whose cultural background closely interrelates to their health and illnesses. This is certainly true for Asian Americans. Physicians' skills often are not honed to detect depression in their Asian patients. The lack of understanding of Asian culture gets in the way of diagnosing and treating common and sometimes life-threatening psychiatric problems. And, as Henry Chung argues on p 222, professionals are often guilty of harboring, "negative feelings and inaccurate myths about mental illness and its treatment." When these misconceptions are superimposed on a culture that itself is uncomfortable with the concept of medical illness, a conspiracy of silence and avoidance develops.

The result? Psychiatric distress in Asian Americans gets missed. Asian Americans with mental health problems escape diagnosis and do not receive the treatment they ur-

gently need. If there is one alarming statistic to take home from this special theme issue of *wjm*, it is this: young Asian American women have the highest suicide risk of all racial groups in America.

Luckily, a group of concerned mental health professionals working with Asian patients have found some powerful ways of reaching out to them. This group shares its knowledge in the pages that follow, providing tools to use to better diagnose and treat problems like anxiety (p 249), depression (pp 239, 244), dementia (p 267), somatoform disorders (p 253), and substance abuse (p 259).

Learn about their efforts to bridge cultures of care and about the future of *wjm* beginning on p 220.

Michael Wilkes  
Editor